

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90261 038 \*\*\*150.00

<b>DOCUMENT # P99000043095</b> 1. Entity Name <b>SALUBRIUM, INC.</b>					
Principal Place of Business 1300 OCEAN SHORE BLVD. ORMOND BY THE SEA, FL 32176				Mailing Address 1300 OCEAN SHORE BLVD. ORMOND BY THE SEA, FL 32176	
2. Principal Place of Business <b>1300 OCEAN SHORE BLVD</b>		3. Mailing Address <b>" SAME ABOVE</b>			
Suite, Apt. #, etc. <b>X</b>		Suite, Apt. #, etc. <b>N/A</b>			
City & State <b>ORMOND Bch.</b>		City & State <b>FLORIDA</b>		4. FEI Number <b>59-3577014</b>	
Zip <b>32176</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRENATT, FRANCINE M</b> <b>1300 OCEAN SHORE BLVD.</b> <b>ORMOND BY THE SEA, FL 32176</b>		7. Name and Address of New Registered Agent Name <b>FRANCINE MARIE PRENATT</b> Street Address (P.O. Box Number is Not Acceptable) <b>HOME 166 HOLLAND RD.</b> City <b>ORMOND BY THE SEA FL</b> Zip Code <b>32176</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Francine Prenatt</b> DATE <b>4-09-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRENATT, FRANCINE</b> <b>1300 OCAENSHORE BLVD.</b> <b>ORMOND BEACH, FL 32176</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Francine Prenatt</b> DATE <b>4-09-04</b> 386 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*Attachment*  
# P99000043095  
44026013



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 2, 2004

SALUBRIUM, INC.  
1300 OCEAN SHORE BLVD.  
ORMOND BY THE SEA, FL 32176

SUBJECT: SALUBRIUM, INC.  
Ref. Number: P99000043095

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 604A00021821